

<b>1. MAIL ONE COPY -- ORIGINAL SIGNATURE TO:</b> ASSET MANAGER COLORADO DIVISION OF HOUSING 1313 Sherman Street, Room 518 Denver, CO 80203	<b>QUARTERLY FINANCIAL STATUS REPORT HOME HOUSING PROJECTS</b>  <small>G:\DOHCOM\HOME\FORMS\QUARTER\FinancialReport.wpd (Revised 2/2002)</small>	<b>2. GRANTEE:</b> (Organization Name & address)
<b>3. CONTRACT ENCUMBRANCE NUMBER:</b>	<b>4. FINAL REPORT:</b> ( ) YES ( ) NO (If Yes, send 2 Copies)	

<b>5. PROJECT GRANT PERIOD:</b> FROM _____ TO _____				<b>6. QUARTER END DATE:</b> _____			
<b>7. CONTRACT BUDGET ITEMS:</b>	A.	B.	C.	D.	E.	F. TOTAL	G Other Funds
a) Net expenditures previously reported	\$	\$	\$	\$	\$	\$	\$
b) Expenditures this quarter							
c) Net expenditures to date (line a+b)							
d) Unliquidated obligations							
e) Expenditures/Unliquidated Obligations (line c+d)							
f) HOME funds on Contract (per budget)							
g) Unobligated balance of HOME funds (line f-e)							
<b>9. TOTAL HOME FUNDS REQUESTED TO DATE</b>	\$	\$	\$	\$	\$	\$	
<b>10. CERTIFICATION:</b> I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant agreements.  SIGNATURE OF AUTHORIZED OFFICIAL: _____  NAME AND TITLE (Print or type):				Name & Telephone Number of Person Completing Report:   DATE REPORT SUBMITTED: _____			

